

plication No. (if known): 09/879,247

Attorney Docket No.: 07238/000J393-US0

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Fee Transmittal (pg)

Amendment Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Request for Continued Examination Transmittal (1 page)

Amendment Accompanying RCE (37 C.F.R. Section 1.116) (5 pages)

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Effective on 12/08/2004.	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)	Application Number	09/879,247-Conf. #2263		
FEE TRANSMITTAL	Filing Date	June 7, 2001		
	First Named Inventor	Peter J. Stappers		
For FY 2005	Examiner Name	M. Roswell		
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2173		
TOTAL AMOUNT OF PAYMENT (\$) 905.00	Attorney Docket No.	07238/000J393-US0		
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FUIFI 2	000	Examiner Name	∍   M	. Roswell			
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2.	173			
TOTAL AMOUNT OF PAYMENT	<b>(\$)</b> 905.00	Attorney Docket	t No. 0	07238/000J393-US0			
METHOD OF PAYMENT (check	all that apply)						
x Check Credit Card	Money Order No	one Other	(please identif	y):			
Deposit Account Deposit Account	Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.						
For the above-identified dep	osit account, the Director	is hereby authoriz	ed to: (check	all that apply)			
Charge fee(s) indicate	d below	Charg	ge fee(s) indic	ated below, ex	cept for the	filing fee	
Charge any additional fee(s) under 37 CFR	fee(s) or underpayment o i.16 and 1.17	f x Credit	any overpay	ments			
FEE CALCULATION					,		
1. BASIC FILING, SEARCH, AND E							
F	LING FEES SE Small Entity	ARCH FEES  Small Entity		TION FEES Small Entity			
Application Type Fee (			Fee (\$)	Fee (\$)	Fees Pai	d (\$)	
Utility 300	150 500	250	200	100			
Design 200	100 100	50	130	65			
Plant 200	100 300	150	160	80			
Reissue 300	150 500	250	600	300			
Provisional 200	100 0	0	0	0			
2. EXCESS CLAIM FEES						nall Entity	
Fee Description						Fee (\$)	
Each claim over 20 (including Reis Each independent claim over 3 (inc					50	25	
Multiple dependent claims	duding Reissues)				200 360	100 180	
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Marile	tinla Dananda		160	
	<u>ree (⊅)                                  </u>			Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
	^		100	141 <u>-</u>	<u>55 1 414 (4)</u>		
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)					
2 -3=	x =						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See				ity) for each ac	aditional 50		
Total Sheets Extra Shee		additional 50 or fra		Fee (\$)	Fee Pai	id (\$)	
- 100 =		(round up to a wh			=		
4. OTHER FEE(S)						id (\$)	
Non-English Specification, \$13	0 fee (no small entity dis	count)					
Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 2801 Request for continued examination (RCE) (see 37 395.00							
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SUBMITTED BY		1				
Signature	fills_	100	Registration No. (Attorney/Agent)	47,698	Telephone	(212) 527-7700
Name (Print/Type)	Richard J. Katz	S			Date	July 5, 2005